



Comments on “The Path to Transformation: Concept Paper for an 1115 Waiver for Illinois Medicaid”

The Illinois HomeCare & Hospice Council (IHHC) is the nation’s first home care association and the leading association for home care providers in Illinois. IHHC represents home health agencies, hospices, private duty organizations and durable medical equipment suppliers. Many IHHC member agencies offer multiple lines of home care products as described above; some are hospital affiliated and others are free-standing; some are for non-profit while others are for-profit businesses; some are very large while others are very small; and, IHHC members serve urban and rural areas and everything in between.

General Comments

Consistently missing from this concept paper and from the IDHFS efforts over the past several years is a recognition of the need for and potential benefits offered by the existing home care industry for meeting the goals of its transformation efforts, particularly for the elderly and adults and children with chronic illness. This is unfortunate, as home care will play an increasingly critical role in the health care system of the future.

The concept paper appropriately identifies issues of poverty and its relationship to health status. For individuals with poor health status and acute or chronic illness, poverty has its greatest impact in the home—wherever that may be. Appropriate in-home medical management of many health conditions is critical to facilitating the individual's ability to make proper use of the medical and social services needed to remain in the community, and vice versa. While many of the programs and the solutions discussed in this paper recognize the need for long-term services and supports from the medical and social service communities, they fail to identify the need for nursing and therapy services provided in the home as a way to stabilize chronic illness; reduce the utilization of higher cost services such as emergency departments and rehospitalization; educate patients and improve self-care; and address patient compliance issues with medication and other health related regimens.

In IHHC's view, this omission is unfortunate and counterproductive. Home care providers offer many of the skills and services that will be needed even more in the health care system of the future and should be actively involved in planning for that future.

Home and Community Based Infrastructure, Coordination and Choice

IHHC members applaud IDHFS' recognition of the role of poverty and the resulting challenges it presents to Medicaid recipients' ability to manage and maintain their health. The need for better coordination between the health care infrastructure and community services is clearly and appropriately embraced in the concept paper, and a

wide variety of steps to improve this coordination are worthy of consideration and resources. IHHC supports efforts in this area and has been working across the state to promote closer ties between health care providers and community agencies for many years.

IHHC recognizes the potential benefits of IDHFS' intention to combine the existing HCBS waivers, but we also recognize some potential negative effects. While the potential for reducing administrative duplication and cost-savings are compelling, the potential to lose the State's current ability to tailor programming to specifically identified populations with unique needs is troublesome. Consolidation of the existing waiver programs must be approached with great care as the needs of technology dependent children are not the same as those of cognitively intact elderly individuals who, because of age and chronic illness are losing their ability to maintain themselves in their own homes; nor are they the same as the needs of brain injured adults or developmentally disabled young adults. Service systems to address the needs of these specialty populations have developed painstakingly over time and care must be taken not to disrupt these systems in the interests of administrative efficiency.

IHHC also has some concerns about how a uniform assessment instrument used in the consolidated waiver structure will be used. Because of the disparate needs of the populations involved, a uniform assessment instrument can offer little more than the data needed to triage an applicant into the correct kind of program. In addition, many existing provider types already use assessment tools mandated by the federal

government for the Medicare program—for example, home health agencies are required to use a tool called OASIS to collect a wide range of patient specific health data and long-term care facilities use the MDS. Care must be taken to insure that assessment tools fit together appropriately so that patients are not subjected to repeated assessment and erroneous information is not developed.

Delivery System Transformation

IHHC members support health care delivery system transformation and the movement of health care service delivery outside the institutional settings of hospitals and nursing homes into primary care sites and the home. IHHC members have vast experience and special expertise in how to assist patients in making the adjustments needed to transition care for their health care conditions from the inpatient setting into the community and in supporting those with chronic illness in a home environment. A wide variety of reimbursement considerations have historically been stumbling blocks to achieving the full potential of home health intervention with the chronically ill population. In many communities, the existing array of home care provider organizations is a ready-made centerpiece for the kind of service delivery that is advocated in this section of the concept paper.

However, as with other components of the health care system mentioned in this section, home care providers have infrastructure needs that, when met, will enable them to participate more fully in the solutions being sought by IDHFS. No support has ever been provided to home health or hospice providers in the purchase of electronic health

records, telehealth equipment which so beautifully facilitates health education efforts *and* provides early intervention opportunities for patients living at home with chronic conditions; or funding for security services needed to accompany nurses and therapists into dangerous urban areas and even some rural locations. When IDHFS considers investment in the hospital and nursing home provider communities to facilitate service delivery system change, similar consideration should be given to assisting the home care community in funding the infrastructure for these unmet needs.

Build Capacity of the Health Care System for Population Health Management

IHHA supports a closer relationship between the public health provider community and the health care delivery system, including a more valued and expanded role for public health departments. We also support the types of wellness strategies described in the Concept Paper, and would add that follow up care in the home is often critical to insuring that health education efforts conducted outside the home have a lasting impact.

21st Century Health Care Workforce

IHHC welcomes the opportunity for attention to be paid to the health care workforce. Demographic shifts underway in America along with the diversification of health care roles must be recognized and addressed in a realistic and cost-effective manner. The collaborative approach to health care delivery represented by the medical home concept is appropriate for the care of many individuals and particularly offers those with chronic illness opportunities for high quality and lower cost care. We look forward to working with the State of Illinois on educational and credentialing efforts designed to

insure that well prepared individuals are available to meet the health care needs of Illinois' population going forward.